Information preferences on the Cytosponge procedure for detecting Barrett's oesophagus: A qualitative study and design of an information leaflet

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Background: The Cytosponge™, a novel sampling device, combined with a TFF3 assay can be used to identify Barrett's oesophagus (BE), a precursor lesion to oesophageal adenocarcinoma (EAC). BEST3, a primary-care based randomised controlled trial, will evaluate this test among people with risk factors for BE. To ensure information on the procedure will be presented to BEST3 participants in the most accessible manner the acceptability of and information preferences on this test were investigated among patients with GERD.

Methods: We undertook a qualitative study with thirty-three adults (17 male, 16 female) aged 50-69 with gastro-oesophageal reflux disease (GERD), a risk factor for BE, in a community setting in London, UK. Ten individuals participated in semi-structured interviews, which informed the content of four subsequent focus groups (n=23). Data were analysed using thematic analysis by three researchers. A BEST3 information leaflet was designed based on these study findings.

Results: Overall, test acceptability was high, but there was initial concern about the physical experience of taking the test, including swallowing and extracting the Cytosponge. These worries were reduced after handling the device and a video demonstration of the procedure. Most participants wanted detailed information on the Cytosponge test itself before deciding whether they would have the test. The preferred modality for communication was an information leaflet, which was developed guided by these data. A combination of text and visual illustrations was used to provide easily accessible information on the Cytosponge-TFF3 procedure, the link between GERD, BE and EAC, and BEST3.

Conclusions: These qualitative data suggest that, with the right support, the Cytosponge could be acceptable to most individuals with risk factors for BE. Easily understandable patient information materials were developed to ensure patients are able to make an informed choice about test participation.